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## NOTICE OF ALLOWANCE AND FEE(S) DUE

7590

Neil D. Gershon

1011 High Ridge Rd. Stamford, CT 06905

Rex Medical

02/02/2005

**EXAMINER** 

MAIORINO, ROZ

ART UNIT

PAPER NUMBER

3763

**DATE MAILED: 02/02/2005** 

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/074 468	02/12/2002	James F. McGuckin IR	1908	8951

TITLE OF INVENTION: APPARATUS FOR DELIVERING ABLATION FLUID TO TREAT LESIONS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	05/02/2005

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. PROSECUTION ON THE MERITS IS CLOSED. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE REFLECTS A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE APPLIED IN THIS APPLICATION. THE PTOL-85B (OR AN EQUIVALENT) MUST BE RETURNED WITHIN THIS PERIOD EVEN IF NO FEE IS DUE OR THE APPLICATION WILL BE REGARDED AS ABANDONED.

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If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.

B. If the status above is to be removed, check box 5b on Part B -Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

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B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.

II. PART B - FEE(S) TRANSMITTAL should be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). Even if the fee(s) have already been paid, Part B - Fee(s) Transmittal should be completed and returned. If you are charging the fee(s) to your deposit account, section "4b" of Part B - Fee(s) Transmittal should be completed and an extra copy of the form should be submitted.

III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

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C mplete and send this form, together with applicable fee(s), to: Mail

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	E ADDRESS (Note: Use Block 1 for a	any change of address)		Fee(s) Transmittal. The papers. Each addition	f mailing can only be used for his certificate cannot be used al paper, such as an assignment the of mailing or transmission.	for any other accompanying	
Neil D. Gershon Rex Medical 1011 High Ridge R Stamford, CT 0690				Co	rtificate of Mailing or Transhis Fee(s) Transmittal is bein with sufficient postage for fir il Stop ISSUE FEE address PTO (703) 746-4000, on the o	smission g deposited with the United st class mail in an envelope above, or being facsimile late indicated below.	
Stannord, CT 0090	3					(Depositor's name)	
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						(Date)	
APPLICATION NO.	FILING DATE	1	FIRST NAME	O INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/074,468	02/12/2002		James F. Mo	Guckin JR.	1908	8951	
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EXAM	INER	ART UN	IT	CLASS-SUBCLASS			
MAIORI	NO, ROZ	3763		604-164090			
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.</li> </ol>			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to				
<ul> <li>3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)</li> <li>PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been file recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.</li> <li>(A) NAME OF ASSIGNEE</li> <li>(B) RESIDENCE: (CITY and STATE OR COUNTRY)</li> </ul>						locument has been filed for	
Please check the appropriate					Corporation or other private gr	oup entity Government	
4a. The following fee(s) are	enclosed:	46	4b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.				
☐ Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.				
Advance Order - # of Copies			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).				
5. Change in Entity Status	(from status indicated above) MALL ENTITY status. See 3			ant is no longer claiming SMA			
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Authorized Signature				Date			
Typed or printed name			Registration No.				
This collection of informatio an application. Confidentialisubmitting the completed ap this form and/or suggestions Box 1450, Alexandria, Virgi Alexandria, Virginia 22313-	n is required by 37 CFR 1.3; ty is governed by 35 U.S.C. plication form to the USPTC for reducing this burden, sh nia 22313-1450. DO NOT \$ 1450.	11. The information 122 and 37 CFR 1 D. Time will vary ould be sent to the SEND FEES OR C	n is required ( 1.14. This col depending up Chief Inform OMPLETED	to obtain or retain a benefit by lection is estimated to take 12 son the individual case. Any capation Officer, U.S. Patent and D FORMS TO THIS ADDRES	the public which is to file (an minutes to complete, includio omments on the amount of ti I Trademark Office, U.S. Dep S. SEND TO: Commissioner	d by the USPTO to process) ng gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,	

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Rex Medical 1011 High Ridge Ro	d.		ART UNIT	PAPER NUMBER		
Stamford, CT 0690:			3763			
			DATE MAILED: 02/02/2005	5		

# Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 0 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 0 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571) 272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at (703) 305-8283.